

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         | AT       |        | 4-5-00  |
| O.I.P.E. CLASSIFIER       | 4        |        | 4-11-00 |
| FORMALITY REVIEW          |          | 69300  |         |
| RESPONSE FORMALITY REVIEW |          |        |         |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date    |
|----------|---------|
| Final    |         |
| Original |         |
| 1        | 6/13/00 |
| 2        | 9/2/00  |
| 3        | 12/9/00 |
| 4        | 6/4/00  |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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